



TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

1100 West 49th Street
Austin, Texas 78756-3183
512/834-6601

Dear Applicant:

Enclosed is an application packet for licensure as a Licensed Dietitian or Provisional Licensed Dietitian. Included in the packet is a copy of the Licensed Dietitian Act, a copy of the Rules and Regulations, the consumer information brochure, and an application to complete and return with your \$54.00 application (includes initial license fee).

The following subsections of the Board's rules may be of particular interest to you:

§711.3(d),	The Code of Ethics;
§711.4,	Academic Requirements for Licensure;
§711.5,	Experience Requirements for Examination;
§711.9,	Provisional Licensed Dietitians;
§711.7(b),	Fitness of Applicants for Licensure;
§711.9(c),	Upgrading a Provisional License; and
§711.6,	Examinations for Dietitian Licensure.
§711.17	Continuing Education Requirements

All applicants must include an **original transcript**, a **recent full face, signed photograph** (minimum 1 ½ x 1 ½") , a **\$54.00 fee** and **2 professional reference forms that must come from registered or licensed dietitians**. The individuals that you choose to complete these forms may submit the forms directly to this office or you may include them with your application packet. If you are licensed in another state or country, you must submit Form F, Verification of Licensure.

If you should have any questions, please do not hesitate to contact Karen Dlouhy at 512/834-6601.

Sincerely yours,

Donna Flippin
Executive Secretary

Enclosures

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
INSTRUCTIONS FOR APPLICANTS FOR DIETITIAN LICENSING

1. Read the Licensed Dietitian Act and Rules (enclosed) before filling out this application. All applicants must complete Forms A, B, and E. Please follow the instructions provided. TYPE OR PRINT LEGIBLY. Use additional pages as necessary throughout the form if sufficient space is not provided.
2. Return the completed and signed application forms with the **nonrefundable \$54.00** application processing fee and initial license fee attached to FORM A. DO NOT SEND CASH. APPLICATIONS RECEIVED WITHOUT THE APPLICATION FEE WILL BE RETURNED. MAKE CHECK/MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF HEALTH/TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS.
3. List your name and preferred mailing address on each of the forms to allow the staff to match the forms, should they become separated.
4. In completing your application forms, please pay special attention to the instructions for these items:

FORM A # 4 - Check ONLY ONE route of eligibility. BE SURE TO READ EACH ONE CAREFULLY SO YOU WILL KNOW WHICH FORMS NEED TO BE COMPLETED.

FORM B # 2 - List maiden or other married names appearing on your transcript(s) if different from the name given on #1.

#15 - If not currently employed, write "not employed."

#16 - The secondary employment setting is any additional work which you might do outside your primary employment such as part-time dietetic consulting.

#18 - List all college work which you have completed but send only official transcripts of relevant college work.

Page 5 - The application will be returned if any items are not completed properly. The form must be NOTARIZED.

FORM C - Does not need to be completed by Registered Dietitians.

FORM E - Two board reference forms completed by **registered or licensed dietitians** must be submitted by all applicants. Professional relationship must exceed three months. These forms may be submitted directly to this office or may be included with the submission of your application.

FORM F - Verification of licensure completed by the state regulatory agency in each state from which you hold or ever held a license to practice.

FORM I - Complete only if applying for provisional license.

5. After your application materials have been evaluated by the board, you will receive notification of approval or other assessment of your qualifications. You will also be notified if any additional information is required. If this application is not processed within the periods of time required by the rules, the applicant may be entitled to full reimbursement of all filing fees. The applicant may request a decision from the executive secretary in accordance with applicable rules. The executive secretary's decision may be appealed. Further information is available from the board office.

6. **Please mail all application materials, transcripts, and fees to:**

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

P.O.BOX 12197

CAPITOL STATION

AUSTIN, TEXAS 78711

Send completed application forms and related documentation with your fee (\$54.00) to:

**Texas State Board of Examiners of Dietitians
P.O.Box 12197
Capitol Station
Austin, Texas 78711-2197**

Requests regarding the status of your application or other information should be sent to:

**TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3183**

DO NOT SEND PAYMENTS TO THIS ADDRESS



Budget: ZZ003

#

#

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

1100 West 49th Street
Austin, Texas 78756-3183
512/834-6601
512/834-6677 Fax

DECLARATION FORM

1. NAME: _____
(Last) (First) (Middle) (Maiden)

2. Preferred Mailing Address _____
(Street or Box Number)

(City) (State) (Zip)

3. I am making application for (check one)

A. _____ Licensed Dietitian, complete #4 below.

B. _____ Provisional Licensed Dietitian, complete Forms B, E, and I, and submit with official transcript(s).

IN ORDER TO FACILITATE THE BOARD'S REVIEW OF YOUR APPLICATION MATERIALS, PLEASE INDICATE WHICH OF THE FOLLOWING ROUTES YOU ARE USING TO SATISFY THE ELIGIBILITY REQUIREMENTS FOR EXAMINATION/LICENSURE:

4. CHECK ONLY ONE ELIGIBILITY ROUTE AND COMPLETE ALL THE FORMS INDICATED.

A. _____ Applicant is currently registered as a Registered Dietitian (RD) by the Commission on Dietetic Registration (CDR).
Complete Forms B and E. Submit a photocopy of the current ID card issued by the CDR including your registration ID number and official transcript(s).

B. _____ Applicant holds a baccalaureate degree and has completed:

1. _____ A pre-planned professional experience program or internship program approved by the board or the American Dietetic Association; or,

2. _____ A coordinated undergraduate program in dietetics approved by the American Dietetic Association.

Complete Forms B, C and E and submit with an official transcript(s).

C. _____ Applicant holds a post-baccalaureate degree (Master's or higher) and has successfully completed either:

1. _____ Six months of full-time or 12 months of half-time experience in the profession of dietetics following the completion of the degree; or,

2. _____ One academic year on a half-time basis of a graduate assistantship in the profession of dietetics while completing the degree.

Complete Forms B, C, and E and submit with an official transcript(s).

Budget: ZZ003
Fund: 161

1. Applicant's Name: _____ (Last) (First) (Middle) (Maiden)			
2. Name(s) on transcript(s) if different from #1.			
3. Date of Birth: _____		4. Place of Birth: _____	
5. Social Security Number: _____		6. Resident of Texas? _____	
7. Preferred Mailing Address: _____ (Street or Box Number)			
_____ (City)		_____ (State)	
		_____ (Zip)	

TSBED FORM B 4/2000

CURRENT EMPLOYMENT INFORMATION

15. Primary Employment Setting

Place of Employment: _____

Address (include zip code): _____

Telephone Number (include area code): _____

Job Title: _____

Date of Employment: From (Mo/Yr) _____ To: Present

Circle the number of the category of employment in which you spend the majority of your time. (Circle one only)

0. Not employed

1. Clinical - Hospital

2. Clinical - Long-Term Care Facility

3. Clinical - Other (specify): _____

4. Educational - Secondary School

5. Educational - College/University

6. Management - Hospital

7. Management - Other (specify): _____

8. Consultation - Long Term Care Facility

9. Consultation - Private Practice

10. Consultation - Other (specify) _____

11. Community - (specify): _____

12. Other (specify): _____

16. Secondary Employment Setting (if none, answer "not applicable")

Place of Employment:

Address (include zip code):

Telephone Number (include area code):

PRIOR WORK EXPERIENCE

17. List jobs held and type of work performed in the field of dietetics. Begin with your last position (answer "none" if no other jobs have been held).

Job Title	Employer's Name & Address	From (Mo/Yr)	To (Mo/Yr)
Last Job			
Job Before That			
Job Before That			

Attach additional pages if necessary

ACADEMIC TRAINING

18. List all colleges and universities attended and attach additional pages if necessary.

A. Name of College/University/Institution: _____

Location : _____
(City) (State) (Zip)

Inclusive dates attended: From (Mo/Yr): _____ To (Mo/Yr): _____

Type of Degree granted: _____ Major Field: _____

B. Name of College/University/Institution: _____

Location _____
(City) (State) (Zip)

Inclusive dates attended: From (Mo/Yr): _____ To (Mo/Yr): _____

Type of Degree granted: _____ Major Field _____

PRE-PROFESSIONAL EXPERIENCE

19. This question should be completed only by those persons making application as a LICENSED DIETITIAN. Circle the type of pre-professional experience in dietetics and indicate where and when completed.

- A. Internship
- B. Traineeship
- C. Coordinated undergraduate program in dietetics
- D. Graduate Assistantship
- E. Pre-Planned professional experience program
- F. Preprofessional Practice Program

Name of Organization, Agency, or Institution: _____

Location: _____
(City) (State) (Zip)

Inclusive dates of experience: From (Mo/Yr): _____ To (Mo/Yr): _____

REFERENCES

20. List the names of two (2) persons who will provide references attesting to the applicant's dietetic skills and professional standards of practice. The persons should complete Form E (reference form) and mail it to the board. Persons providing references for the applicant must be registered or licensed dietitians, must not be named elsewhere in this application, and must not be current board members.

A. Name and credentials of reference: _____

Position: _____

Business name and address (include zip code): _____

Business telephone (include area code): _____

B. Name and credentials of reference: _____

Position: _____

Business name and address (include zip code): _____

Business telephone (include area code): _____

Name: _____

Photograph Submission

Enclose a full-faced photograph (**signed on the backside**) by staples below (minimum sizes 1 ½" x 1 ½") of applicant's head and shoulders only. Photograph must have been taken within 6 months previous to date of application. CUTOUTS, NEWSPAPER CLIPPINGS, SUB-SIZE PICTURES, PHOTOCOPIES, ETC. , WILL NOT BE ACCEPTED.

This photograph will be used in connection with your application for Examination for Licensure and for the purposes of complaint(s)/violation(s) investigations. It will not be made available to any person who grades your examination nor to any person who makes any decision concerning your employment.

Attach Signed
Full - Face
Photograph

HERE

Must be at least 1 ½" x 1 ½"

Social Security Number: _____

Date: _____

PLEASE READ CAREFULLY

In making application to the Texas State Board of Examiners of Dietitians for the issuance of a license or provisional license as a Dietitian, I have read and agreed to abide by the Licensed Dietitian act and the rules and regulation of the Texas State Board of Examiners of Dietitians. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics (§711.3(d)). I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the board and are nonreturnable. I am aware of the schedule of fees (§711.2(t)) and understand that additional fees must be paid to keep the license current.

I agree to hold the Texas State Board of Examiners of Dietitians, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination (if applicable), the grades with respect to any examination, the failure of the board to issue me a license and any other aspect of licensing. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the license certificate and license identification card to the board.

The disclosure of a social security number is required under the Family Code, Section 231.302. Social security numbers are used for identification purposes and are confidential except to the child support enforcement division of the Office of the Attorney General.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or provisional license, or the revocation of my license.

Date

Signature of Applicant

THE STATE OF _____)

COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 19 _____.

Notary Public in and for _____ County, Texas or _____.

(Signature of Notary)

(Name of Notary)

(Commission Expiration Date)

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

**PRE-PLANNED PROFESSIONAL EXPERIENCE PROGRAM
AND INTERNSHIP DOCUMENTATION FORM**

The information on this form must be submitted to document the experience required by board rules §711.5 and §711.7. The information on the back of this form must be completed for those applicants who are not currently registered by the Commission on Dietetic Registration.

PLEASE TYPE OR PRINT LEGIBLY

1. Indicate which type of experience you are documenting (Check only one):

_____ Pre-Planned Professional Experience Program Approved by the board.

_____ Pre-Planned Professional Experience Program Approved by the ADA.

_____ Six Months Full-Time or 12 months Half-Time Experience approved by the board, following completion of a post-baccalaureate degree.

_____ Six Months Full-Time or 12 months Half-Time Experience approved by the ADA, following completion of a post-baccalaureate degree.

_____ Graduate Assistantship approved by the board.

_____ Graduate Assistantship approved by the ADA.

_____ Internship approved by the board.

_____ Internship approved by the ADA.

_____ Coordinated Undergraduate Program in Dietetics Accredited by the ADA.

_____ Pre-professional Practice Program approved by the ADA.
2. Applicant's name: _____
3. Preferred Mailing Address: _____
4. Name and Address of Organization, Agency or Institution where the experience was undertaken: _____

5. Inclusive Dates of Experience: From (Mo/Day/Yr): _____ To (Mo/Day/Yr): _____
6. Average number of clock hours of experience completed each week: _____
7. Describe the type of setting, the type of clients served, and the type of work performed: _____

8. Name and Job title of the Director or Coordinator of the Experience Program at the time of completion: _____

The following information must be completed by person(s) who can formally attest to the applicant's successful completion of the Dietetic Experience Program indicated on Page 1 of this form:

1. Has the applicant named on Page 1 of this form successfully completed the Dietetic Experience Program indicated?

_____ YES _____ NO

2. Do you have any reservation about the applicant being granted a license as a dietitian?

_____ YES _____ NO

If YES, please specify and attach additional pages if necessary: _____

3. Other comments about the applicant's experience in dietetics: _____

4. On what basis can you endorse the applicant: _____ Personal supervision
_____ Records of applicant's performance
_____ Other

5. I hereby certify that this information is correct to the best of my knowledge and that based on records available the applicant has successfully completed the Dietetic Experience Program indicated on the Page 1 of this form:

Signature of Dietetic Experience Program Director

Date

PLEASE TYPE OF PRINT LEGIBLY

- A. Your name and job title: _____

- B. Your credentials: License Number: _____
RD Number: _____
Highest Degree Attained: _____

- C. Address: _____

(Street Address)

(City)

(State)

(Zip)

RETURN THIS COMPLETED FORM TO:

**TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
1100 West 49th Street
Austin, Texas 78756-3183**

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3183

PROFESSIONAL REFERENCE FORM

Applicant's Name: _____

Preferred Mailing Address: _____
(Street or Box number)

City: _____ State: _____ Zip: _____

Application for _____ Licensed Dietitian _____ Provisional Licensed Dietitian _____

Name of Person Providing the Reference: _____

Credentials: _____

Address: _____
(Street or Box number) (City) (State) (Zip)

Telephone (include area code): _____

Nature of Relationship: _____ From: _____ To: _____
(The length of this relationship must be longer than three months / **Must be from Registered or Licensed Dietitians**)

I. Professional skills and Professional standards of practice (compared to Dietitian of similar experience).

	Poor	Fair	Good	Superior	Don't Know
a. Basic Dietary Knowledge	_____	_____	_____	_____	_____
b. Teaching Ability	_____	_____	_____	_____	_____
c. Research Potential	_____	_____	_____	_____	_____
d. Fitness for Clinical Practice	_____	_____	_____	_____	_____
e. Administrative Ability	_____	_____	_____	_____	_____

II. Personal Character:

a. Motivation	_____	_____	_____	_____	_____
b. Initiative	_____	_____	_____	_____	_____
c. Responsibility	_____	_____	_____	_____	_____
d. Integrity	_____	_____	_____	_____	_____

III. Professional Relationship

a. Teaching Staff	_____	_____	_____	_____	_____
b. Colleagues	_____	_____	_____	_____	_____
c. Nursing Staff	_____	_____	_____	_____	_____
d. Patients	_____	_____	_____	_____	_____
e. Medical Staff	_____	_____	_____	_____	_____

IV. Problems which might affect performance: Yes _____ No _____

Explain: _____

OVERALL EVALUATION: *** If item 3 or 4 is checked, please provide a written explanation.

- _____ 1. Recommended as outstanding applicant.
- _____ 2. Recommended as qualified and competent.
- _____ 3. Recommended with some reservation.
- _____ 4. Cannot recommend.

Signed: _____

Date: _____

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3183

PROFESSIONAL REFERENCE FORM

Applicant's Name: _____

Preferred Mailing Address: _____
(Street or Box number)

City: _____ State: _____ Zip: _____

Application for _____ Licensed Dietitian _____ Provisional Licensed Dietitian _____

Name of Person Providing the Reference: _____

Credentials: _____

Address: _____
(Street or Box number) (City) (State) (Zip)

Telephone (include area code): _____

Nature of Relationship: _____ From: _____ To: _____
(The length of this relationship must be longer than three months / **Must be from Registered or Licensed Dietitians**)

I. Professional skills and Professional standards of practice (compared to Dietitian of similar experience).

	Poor	Fair	Good	Superior	Don't Know
a. Basic Dietary Knowledge	_____	_____	_____	_____	_____
b. Teaching Ability	_____	_____	_____	_____	_____
c. Research Potential	_____	_____	_____	_____	_____
d. Fitness for Clinical Practice	_____	_____	_____	_____	_____
e. Administrative Ability	_____	_____	_____	_____	_____

II. Personal Character:

a. Motivation	_____	_____	_____	_____	_____
b. Initiative	_____	_____	_____	_____	_____
c. Responsibility	_____	_____	_____	_____	_____
d. Integrity	_____	_____	_____	_____	_____

III. Professional Relationship

a. Teaching Staff	_____	_____	_____	_____	_____
b. Colleagues	_____	_____	_____	_____	_____
c. Nursing Staff	_____	_____	_____	_____	_____
d. Patients	_____	_____	_____	_____	_____
e. Medical Staff	_____	_____	_____	_____	_____

IV. Problems which might affect performance: Yes _____ No _____

Explain: _____

OVERALL EVALUATION: *** If item 3 or 4 is checked, please provide a written explanation.

- _____ 1. Recommended as outstanding applicant.
- _____ 2. Recommended as qualified and competent.
- _____ 3. Recommended with some reservation.
- _____ 4. Cannot recommend.

Signed: _____

Date: _____

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3183
(512)834-6601

VERIFICATION OF LICENSURE

This form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice.

Name of Applicant: _____

License Number: _____

Profession in which license was issued: _____

Date license issued: _____

Current _____ Not Current _____

If not current, explain briefly why not: _____

Dates of disciplinary action (if applicable): _____

Reason for disciplinary action: _____

License issued on the basis of: _____

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me the applicant was competent to practice while licensed in this state.

Name of Agency

Address

SEAL

Signature of Official

Title

Date

TEXAS STATE BOARD OF EXAMINERS OF DIETITIANS

1100 West 49th Street
Austin, Texas 78756-3183
512/834-6601
512/834-6677 Fax

SUPERVISION CONTRACT

Supervisee:

Supervisor:

Name (Please Print)

Name (Please Print)

Address

Address

City/State/Zip

City/State/Zip

Telephone

Telephone

License Number (if applicable)

License Number (if applicable)

1. Supervisee status (check one)
Application _____

Renewal _____

2. Supervisee's hours worked per week (check one)

_____ Full time (35-40 hours)

_____ Half-time (20-34 hours)

_____ Less than half time (0-19 hours)

_____ Not employed

3. _____
PRIMARY LOCATION AND SETTING OF SERVICES RENDERED

P.O.BOX/STREET

CITY

STATE

ZIP

4. _____
DESCRIPTION OF SERVICES RENDERED BY SUPERVISEE

5. _____
DATE EMPLOYMENT WILL BEGIN

DATE SUPERVISION WILL BEGIN

TERMS OF CONTRACT

Supervision of Applicant/Provisionally Licensed Dietitian for and throughout the terms of this contract, the Supervisor agrees to provide the applicant a meeting of one (1) hour per week of face-to-face supervision. Group supervision may be used as an adjunct to the face-to-face supervision but not as a substitute. The supervisor will maintain a written record of the meetings that includes a summary of the supervisee's work activities. The record shall be provided to the board at its request. The supervisor provides individuals supervision to no more than three (3) supervisees at one time without prior board approval.

By the signatures below, we agree to adhere to the requirements of the Licensed Dietitian Act and the rules and regulations of the Texas State Board of Examiners of Dietitians. Section 711.9 of the rules set out the requirements of a provisionally licensed dietitian and the supervising licensed dietitian.

SIGNATURE OF SUPERVISEE

SIGNATURE OF SUPERVISOR

DATE

DATE

TERMINATION OF SUPERVISION CONTRACT

I attest that the provisionally licensed dietitian and I have complied with the request of Chapter 711 and the Act, VTCS Article 4511h.

SIGNATURE OF SUPERVISOR

DATE OF TERMINATION (MO/DT/YR)

PRINTED NAME OF SUPERVISOR

REASON FOR TERMINATION

Request for Disability Accommodation

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete and submit this form along with the application.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability: _____

2. Have you had any prior accommodations for your disability in an examination setting? If you answer "yes", specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability

Type of Test Accommodation

3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability

Type of Test Accommodation

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form.

Signature _____

Date _____

Signature _____

Date _____